

2004 SEASON

GENERAL INFORMATION PACKET

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All life is based on the fact that everything worth getting is hard to get. There is a price to be paid for anything. Scholarships can only be bought at the price of study; skill in any craft or technique can only be bought at the price to practice: eminence in any sport can only be bought at the price of training and discipline. The world is full of people who have missed their destiny because they would not pay the price. No one can take the easy way and enter into any kind of glory or greatness; no one can take the hard way and fail to find glory and greatness.

WILLIAM BARLAY

WOLF PACK CONTACTS

SPORTS/WOLF PACK 314-0423 Feliz Ortega WRESTLING faortega@bernco.gov COORDINATOR SPORTS PROGRAM 111 Union Square SE. 314-0415 OFFICE **FAX NUMBER** 314-0435 **OFFICE HOURS** Monday through Friday 8 a.m. to 5 p.m. **WOLF PACK HS LIASON** Mark Garcia 453-7742 garcia mark@aps.edu NM WRESTLING Rosanne Eakin 867-5980 REPRESENTATIVE nmwrestling@cs.com

REGISTRATION INFORMATION

AGE: Wrestlers must be 8 years of age as of January 1, 2003.

REGISTRATION: On going registration begins on Monday, February 10, 2003.

ENTRY FEE: \$50.00 per wrestler. Fees must be made payable to BERNALILLO

COUNTY PARKS AND RECREATION or (BCP&R). BUSINESS CHECKS, CASHIERS CHECKS, MONEY ORDERS, PERSONAL CHECKS, OR

CASH WILL BE ACCEPTED.

* Athletes are required to pay for room and board, insurance cards and tournament fees. Bernalillo County is responsible for transportation to

and from events.

PRACTICE: Registration begins March 1, 2004

Wolf Pack Clubs will practice twice a week. The site will determine

practices.

Wrestlers are welcome to practice at any designated Wolf Pack site.

FACILITIES: To Be Determined

WOLF PACK PROGRAMS CONSISTS OF THE FOLLOWING:

- 1. COACHING BY QUALIFIED INSTRUCTORS.
- 2. TWO PRACTICES A WEEK
- 3. T-SHIRTS WITH B.C.P.R. LOGO.
- 4. TRANSPORTATION TO OUT OF TOWN TOURNAMENTS.
- 5. FREE ADMISSION TO WOLF PACK WRESTLING CAMP.
- 6. WRESTLING SINGLETS: Singlets must be returned at the completion of the season. There will be a fine system put into place for those who do not return singlets.

WOLF PACK PROGRAMS WILL NOT BE RESPONDSIBLE FOR THE FOLLOWING:

- 1. ROOM AND BOARD FOR OUT OF TOWN TOURNAMENTS
- 2. ENTRY FEES FOR TOURNAMENTS
- 3. PAYMENT FOR USAW CARDS

TOURNAMENTS:

- 1. March 18 Rock Mountain Nationals
- 2. March 20 Valley Norse Force
- 3. April 3 Taos
- 4. April 17 North Valley Trojans Mayfield
- 5. April 24 BCPR Rio Grande High
- 6. April 15 Las Vegas, NV
- 7. May 1 Los Luchadores de Colores Grants
- 8. May 8 Santa Fe
- 9. May 15 Carlsbad
- 10. May 15 New Mexico Games RGHS

PLEASE NOTE: THAT THE SCHEDULED WRESTLING TOURNAMENTS
ARE SUBJECT TO CHANGE

TRAVEL POLICY

- 1. You will dress nice and neat with cleanliness as your priority, Cleanly shaved, showered and groomed.
- 2. Conduct yourself with proper manners at all times whether it's before a match, during a match or after a match.
- 3. We use proper language at all times.
- 4. When we eat it will be together and proper manners are mandatory.
- 5. We ride together and return together unless authorized by coaches.
- 6. No talking to spectators during warm-ups or matches.
- 7. Wrestlers in the Wolf Pack Wrestling Clubs DO NOT use illegal drugs or alcohol.
- 8. The coaching staff is ALWAYS in charge. Listen to them.

DECISIONS CONCERNING THE SAFETY AND WELFARE OF PARTICIPANTS

- A. THE COUNTY SPORT PROGRAMS OR SPORTS COORDINATOR RESERVES THE RIGHT TO LENGTHEN ANY PENALTY OR DISMISS ANY PERSON THAT VIOLATES ANY RULE OR POLICY REGARDING THE PROGRAM.
- B. THE SPORTS PROGRAM REPREENTATIVES WILL MAKE THE FINAL DECISION CONCERNING THE WELFARE AND SAFETY OF THE PARTICIPANTS.

WRESTLERS CODE OF CONDUCT

The BERNALILLO COUNTY SPORT PROGRAM has adopted the following "WRESTLERS CODE OF CONDUCT". The rules of conduct will be strictly enforced during the wrestling season. It is the Coaches responsibility to ensure that all wrestlers and parents know and adhere to these rules. This Code of Conduct applies before, during and after practices or tournament(s).

1. No WRESTLER SHALL: At any time lay a hand upon, shove, strike, or threaten an official, coach, assistant coach, program administrator, and their designees.

MINIMUM PENALTY: One-year suspension

MAXIMUM PENALTY: Life suspension and/or assault charges filed.

2. NO WRESTLER SHALL: Refuse to abide by the official's decision.

3.	NO WRESTLER SHALL: Be guilty of physical attack as an aggressor upon any wres official or spectator.		
	MINIMUM PENALTY: MAXIMUM PENALTY:	One-year suspension. Life suspension and/or assault charges filed.	
4.	NO WRESTLER SHALL: Be go or spectator.	uilty of an abusive verbal attack upon any wrestler, official	
	MINIMUM PENALTY: MAXIMUM PENALTY:	Probation for the remainder of the season. Suspension for two tournaments and probation for the remainder of the season.	
5.	D FORM THE USE OF ALCOHOLIC BEVERAGES OR P.S. OR ANY OTHER FACILITIES WHERE WRESTLING D.		
	MINIMUM PENALTY: MAXIMUM PENALTY:	Probation for the remainder of the season. Suspension for the remainder of the season.	
6.		and representatives of the Wolf Pack Wrestling Clubs, of other clubs with respect and integrity at all times.	
TH	IS IS TO CERTIFY THAT I HAVI	READ AND UNDERSTAND THE ABOVE "WRESTLERS	

WRESTLERS SIGNATURE_____DATE____

CODE OF CONDUCT"

PARENTAL INSTRUCTION CONCERNING MEDICAL TREATMENT

Wrestler's Name		Date of Birth		
Parent/Guardian Name				
Address		Zip		
Telephone Numbers: Home	Work	Cell		
Name of High School or College				
Please indicate another person to correach you.	tact in the event of ar	ny accident and we are unable to		
Name	Phone			
amePhoneelationship				
Insurance CompanyPolicy Number				
-				
Is your child presently on medication	?			
If yes, please list medication(s)				
Drug Sensitivities				
Other Allergies				
Please read the alliterative statements not sign more than one!	below and sign unde	er the one that you choose. Do		
1. If my child needs medical attention procedures are done on my child u child's life or to prevent permanent is such treatment.	nless immediate trea	tment is necessary to save my		
2. If my child needs medical treatm begun while efforts are being made consent to any medical procedul understanding that efforts will continu	to contact me. So	that treatment is not delayed, I ian believes needed, on the		
I accept responsibility for all cost rela	ted to such treatment			
		Date		
SIGNATURE OF PARENT/GUARDIAN	(if und	er 21 years of age)		

It is important that all parties involved understand that there are inherent risks involved in wrestling. Due the nature of the sport athletes may get injured.